

	Agency Name	Office of Family Support (OFS)			
	Chapter No./Name	04 – Family Assistance Manual (FAM)			
	Part No./Name	B. Eligibility Factors (SNAP)			
	Section No./Name	B-400-SNAP Enumeration/Social Security Numbers (SNAP)			
	Document No./Name	B-420-SNAP Applying For A Social Security Number (SSN)			
	Dates	Issue	January 1, 2010	Effective	January 1, 2010

A CLIENT WHO DOES NOT HAVE A SOCIAL SECURITY NUMBER OR CANNOT FURNISH ONE MUST:

- PRESENT THE FORM 1ER TO THE LOCAL SOCIAL SECURITY OFFICE WITHIN 10 DAYS, OR
- PROVIDE ACCEPTABLE PROOF OF SSN APPLICATION AS OUTLINED IN B-470, OR BY FORM SSA 5028, AND
- COOPERATE IN PROVIDING ALL INFORMATION THE SSA REQUIRES.

IF THE CLIENT HAS NOT SUPPLIED ALL NECESSARY DOCUMENTATION TO THE LOCAL SOCIAL SECURITY OFFICE FOR ANY MEMBER, AND GOOD CAUSE IS NOT ESTABLISHED, DISQUALIFY THAT MEMBER UNTIL HE COMPLIES WITH THE SSA OR PROVIDES HIS SSN.

THE WORKER MUST:

1. ASSIGN OR SECURE AN INTERIM STATE I.D. NUMBER FOR ANY INDIVIDUAL WHO DOES NOT HAVE AN SSN.
2. EXPLAIN THE PURPOSE AND USE OF SSN INFORMATION AS SPECIFIED ON FORM 4.
3. EXPLAIN TO THE CLIENT THE DOCUMENTS NECESSARY TO COMPLETE THE SSN APPLICATION AND COMPLETE FORM 1ER, IF APPLICABLE.
4. REFER THE APPLICANT, WITH A FORM 1ER TO THE LOCAL SOCIAL SECURITY OFFICE IF SSN APPLICATION HAS NOT ALREADY BEEN MADE THROUGH ANOTHER PROCEDURE.
5. ALLOW SSA NO LESS THAN 15 CALENDAR DAYS TO RETURN THE COMPLETED FORM 1ER.
6. REFER TO B-411 (DOCNO: B-410) IF THE FORM 1ER IS NOT RECEIVED OR IF THE FORM INDICATES THAT THE APPLICATION WAS NOT COMPLETED FOR ANY OF THE PERSONS NEEDING A NUMBER.